

# Dr K Anantha-Reddy's Practice

## Inspection report

1-2 Yeading Court  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced comprehensive inspection at Dr K Anantha-Reddy's Practice, also known as Yeading Court Surgery, on 4 December 2018.

At the last inspection in January 2018 we rated the practice as requires improvement for providing safe, caring and well-led services because:

- Prescription stationery was not stored securely and there was no system to monitor their use.
- There was no system to review uncollected repeat prescriptions, particularly for vulnerable patients and those with complex health needs.
- Staff were unclear on which method to use when recording significant events, and completed significant event forms lacked detail of the lessons learned and follow-up of the event.
- Data from the national GP patient survey 2017 showed patients rated the practice below local and national averages for satisfaction with GP consultations.
- Privacy was not always maintained between the treatment room and a consultation room as some consultations could be overheard.
- There were weaknesses in governance systems relating to safety areas.
- Exception reporting for cervical screening was high.

At this inspection, we found that the provider had satisfactorily addressed most of these areas.

We based our judgement of the quality of care at this service is on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

## **We have rated this practice as good overall.**

We rated the practice as **requires improvement** for providing effective services because:

- There had been insufficient improvement in uptake rates for childhood immunisations and cervical screening.
- Exception reporting for cervical screening had marginally reduced but remained above the local and national average.
- There was no system to ensure clinical coding was consistent.

These areas affected the families, children and young people population group and the working age group.

We rated the practice as **good** for providing safe, caring, responsive and well-led services because:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Staff dealt with patients with kindness and respect. Feedback from patients we spoke with and CQC comment cards stated staff involved and treated patients with compassion, kindness, dignity and respect. Although, results from the national GP patient survey showed some patients did not feel involved in decisions about their care and treatment.
- The practice organised and delivered services to meet patients' needs. Feedback from patients we spoke with and CQC comment cards showed patients found the appointment system easy to use, however some patients reported difficulties getting an appointment. The practice was aware of this feedback and had taken action to improve access.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

The areas where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Whilst we found no breaches of regulations, the provider **should:**

- Take interim action to minimise the outstanding risks identified in the infection prevention and control audit.
- Continue to review and improve uptake rates for bowel cancer screening.
- Continue to review and improve patient satisfaction with consultations and access to appointments.

## **Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Professor Steve Field** CBE FRCP FFPH FRCGP  
Chief Inspector of General Practice

## Population group ratings

<b>Older people</b>	<b>Good</b> 
<b>People with long-term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a GP specialist adviser.

## Background to Dr K Anantha-Reddy's Practice

Dr K Anantha-Reddy's Practice, also known as Yeading Court Surgery, is located in Hayes Middlesex.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, and treatment of disease, disorder or injury.

Dr K Anantha-Reddy's Practice is situated in Hillingdon Clinical Commissioning Group (CCG) and provides services to approximately 5,100 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is registered as a partnership which consists of two GP partners (male). The partners are supported by a regular locum GP (female), a practice nurse (female), a practice manager and a small team of administration staff.

The age range of patients is predominantly 15 to 44 years. The practice has a higher percentage of patients under 18 years and a lower percentage of patients over 65 years when compared to the national average. The National General Practice Profile states that 35% of the practice population is from an Asian background with a further 25% of the population originating from black, mixed or other non-white ethnic groups. Information published by Public Health England rates the level of deprivation within the practice population group as four, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 79 years (national average of 79 years). Female life expectancy is 82 years (national average of 83 years).

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  <b>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found:</b> <ul style="list-style-type: none"><li>• The systems to improve quality outcomes for patients was ineffective, in particular for cervical cancer screening and childhood immunisations.</li><li>• The provider did not have a system or policy in place to ensure clinical coding was consistent and appropriately monitored. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</li></ul>